



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

100982187538

BROWNING CHEMICAL CORP
330 MADISON AVENUE
NEW YORK

NY 10017

INSTALLATION ADDRESS

1050 STATE ST
PLRTH AMEY

NJ 08861

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

87-06-03

D. Morris

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0982187536

II. Name of Installation (Include company and specific site name)

BROWNING CHEMICAL

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1050 STATE STREET

Street (continued)

City or Town

PERTH AMBOY

State

ZIP Code

NJ

08861-

County Code

County Name

MIDDLESEX

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

707 WEST CHESTER AVENUE

City or Town

WHITE PLAINS

State

ZIP Code

NY

10604-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BROWNING

(first)

FRED

Job Title

OWNER

Phone Number (area code and number)

914-686-0300

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☐
☒

B. Street or P.O. Box

707 WEST CHESTER AVENUE

City or Town

WHITE PLAINS

State

ZIP Code

NY

10604-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BROWNING CHEMICAL

Street, P.O. Box, or Route Number

707 WEST CHESTER AVENUE

City or Town

WHITE PLAINS

State

ZIP Code

NY

10604-

Phone Number (area code and number)

914-686-0300

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

☒

(Date Changed)

Month

Day

Year

Carmie Campbell returned call to verify changes 11/8/90

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☒ 1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
- ☐ 2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Chemist Camie S. Campbell

Date Signed

10/30/90

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| B | R | O | N | I | N | G | C | H | E | M | I | C | A | L | C | O | R | P. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

Street or P.O. Box

[illegible]

Street or Route Number

[illegible][illegible][illegible]

| A. Name of Installation's Legal Owner | B. Type of Ownership (enter code) |
|---------------------------------------|-----------------------------------|
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| C | M | A | T | E | R | I | A | L | S | D | I | S | T | R | I | B | U | T | I | O | N | A | N | D | W | A | R | E | H | O | U | S | I | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| A. Hazardous Waste Activity | B. Used Oil Fuel Activities |
|--|--|
| <p>1. Name of the facility: _____</p> <p>2. Address: _____</p> <p>3. City: _____ State: _____ Zip: _____</p> <p>4. Date of inspection: _____</p> <p>5. Name of inspector: _____</p> <p>6. Name of owner: _____</p> <p>7. Name of operator: _____</p> <p>8. Name of contact person: _____</p> <p>9. Phone number: _____</p> <p>10. Fax number: _____</p> <p>11. E-mail address: _____</p> <p>12. Website: _____</p> <p>13. Other information: _____</p> | <p>1. Name of the facility: _____</p> <p>2. Address: _____</p> <p>3. City: _____ State: _____ Zip: _____</p> <p>4. Date of inspection: _____</p> <p>5. Name of inspector: _____</p> <p>6. Name of owner: _____</p> <p>7. Name of operator: _____</p> <p>8. Name of contact person: _____</p> <p>9. Phone number: _____</p> <p>10. Fax number: _____</p> <p>11. E-mail address: _____</p> <p>12. Website: _____</p> <p>13. Other information: _____</p> |

| | |
|---|--|
| <input type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input checked="" type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner | <input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification |
|---|--|

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII Mode of Transportation (transporters only — enter 'X' in the appropriate box/es)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent

notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C

T/A C

W

1

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☐ 1. Ignitable
(D001)☒ 2. Corrosive
(D002)☐ 3. Reactive
(D003)☐ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



 IRWIN PONTELL
 212-867-0600

6/1/87

 1987 JUN -3 PM 12:04
 NEW YORK, N.Y.
 AGENCY, REGION II
 ENVIRONMENTAL PROTECTION



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

11/26/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| | |
|-------------------------|---|
| EPA I.D. NUMBER -> | NJD982187536 |
| FACILITY NAME -> | BROWNING CHEMICAL |
| MAILING ADDRESS -> | 707 W CHESTER AVE WHITE PLAINS, NY 10604 |
| INSTALLATION ADDRESS -> | 1050 STATE ST PERTH AMBOY, NJ 08861 |

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BROWNING FRED OWNER
BROWNING CHEMICAL
707 W CHESTER AVE
WHITE PLAINS, NY 10604

INTERACTIVE S2K RETRIEVAL

** S2K IS NOW READY FOR INTERACTIVE PROCESSING **

S2K0131/01- S2KPAD00 NOW BEING FORMATTED -
S2K0212/01- SYSTEM 2000 RELEASE 11.6-01 -
S2K0213/00- COPYRIGHT (C) 1985 SAS INSTITUTE INC., CARY, N.C. 27512, U.S.A. -

11/06/90 16:59:24 BEGIN SYSTEM 2000 - RELEASE 11.6-01
COPYRIGHT (C) 1985 SAS INSTITUTE INC., CARY, N.C. 27512, U.S.A. -

USER, HWDB:DBN IS HWDBDAT:
USER, HWDB:DBN IS HWDBDAT:
-556- OPENED.....HWDBDAT

3 352091 11/05/1990 18:38:28

PRINT CO WH C101 EQ NJD982187536:
PRINT CO WH C101 EQ NJD982187536:

1* 02
2* NJ
101* NJD982187536

102* P
104* BROWNING CHEMICAL CORP
105* IRWIN PONTELL
106* 330 MADISON AVENUE
107* NEW YORK
108* NY
109* 10017

110* 1050 STATE ST
111* PERTH AMBOY

112* 08861
113* 2128670600
114* 023

216* MIDDLESEX

1101* 1

1503* MATERIALS DISTRIBUTION & WAREHOUSE CO

230* C

202* 07/07/1987

Coat - Name

mailing Address

Owner

change

1701* X

2701* D002

1601* 06/03/1987

1603* 06/30/1987



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/08/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| | |
|------------------------|--|
| EPA I.D. NUMBER: | NJD982187536 |
| INSTALLATION NAME: | ACETYLENE SUPPLY CO |
| INSTALLATION ADDRESS : | 1050 STATE ST PERTH AMBOY, NJ 08861 |
| MAILING ADDRESS : | 475 RTE 9 WOODBIDGE, NJ 07095 |

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: ACETYLENE SUPPLY CO
or Current Occupant
ATTN: WILLIAM GOODLIFFE
475 RTE 9
WOODBIDGE, NJ 07095

FB 2

Call Kenneth Mueller (609) 490-0400

| | | | |
|---|---|-----------------------------|---|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | 10-10-81 92-10-81 |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number <u>NJD 982 18 7536</u> .))2))2))2))2))2))2))2))2))2)))- | | |
| 3. Site Name (page 14) | Name: <u>ACETYLENE SUPPLY COMPANY</u> | | |
| 4. Site Location Information (page 14) | Street Address: <u>1050 STATE STREET</u> | | |
| | City, Town, or Village: <u>PERTH AMBOY</u> | State: <u>NJ</u> | |
| | County Name: <u>MIDDLESEX</u> | Zip Code: <u>08862-0886</u> | |
| 5. Site Land Type (page 14) | Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. <u>325120</u> | B. | |
| | C. | D. | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: <u>475 ROUTE 9</u> | | |
| | City, Town, or Village: <u>WOODBRIIDGE</u> | | |
| | State: <u>NJ</u> | | |
| | Country: <u>U.S.</u> | Zip Code: <u>07095</u> | |
| 8. Site Contact Person (page 15) | First Name: <u>WILLIAM</u> | MI: | Last Name: <u>GOODLIFFE</u> |
| | Phone Number: <u>732-634-7500</u> Extension: <u>26</u> | | Email address: <u>NONE</u> |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: <u>ACETYLENE SUPPLY COMPANY</u> | | Date Became Operator (mm/dd/yyyy): <u>03/01/1982</u> |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Legal Owner: <u>CUSTOM DISTRIBUTION</u> | | Date Became Owner (mm/dd/yyyy): <u>PRIOR TO 1982</u> |
| | Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |

| | | |
|--|-------------------------------------|-----------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: PO BOX 363 | |
| | City, Town, or Village: PERTH AMBOY | |
| | State: NJ | |
| | Country: U.S. | Zip Code: 08862 |

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y • N • 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- **b.** SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y • N • d. United States Importer of Hazardous Waste

Y • N • e. Mixed Waste (hazardous and radioactive) Generator

Y • N • 2. Transporter of Hazardous Waste

Y • N • 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y • N • 4. Recycler of Hazardous Waste (at your site)

Y • N • 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

Y • N • 6. Underground Injection Control

B. Universal Waste Activities

Y • N • 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

| | Generate | Accumulate |
|--------------------------|----------|------------|
| a. Batteries | • • | • • |
| b. Pesticides | • • | • • |
| c. Thermostats | • • | • • |
| d. Lamps | • • | • • |
| e. Other (specify) _____ | • • | • • |
| f. Other (specify) _____ | • • | • • |
| g. Other (specify) _____ | • • | • • |

Y • N • 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y • N • 1. Used Oil Transporter

If "Yes", mark each that applies.

- a. Transporter
- b. Transfer Facility

Y • N • 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

- a. Processor
- b. Re-refiner

Y • N • 3. Off-Specification Used Oil Burner

Y • N • 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|--|--|--|--|--|--|
| D009 | | | | | | |
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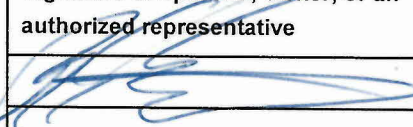
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes. N/A

| | | | | | | |
|--|--|--|--|--|--|--|
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12. Comments (See instructions on page 21.)

THIS WASTE IS GENERATED AS THE RESULT OF THE
REMOVAL OF ACETYLENE PURIFYING MATERIAL
(TRADE NAME MONKEY DUST).

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|  | WILLIAM GOODLIFFE, PRESIDENT | 03/29/05 |
| | | |
| | | |



163 Stockton Street, Hightstown, New Jersey 08520

Phone (609) 490-0400 or (800) 336-1226 Fax (609) 490-9544 e-mail: greentre@worldnet.att.net

2005 MAR 30 PM 12:31

March 29, 2005

USEPA Region II
290 Broadway, 22nd Floor
New York, NY 10007-1866
Attn: Jack Hoyt

Via Federal Express

RE: Application for EPA ID Number for:
Acetylene Supply Co., Perth Amboy, Middlesex County, NJ

Dear Mr. Hoyt:

As per our telephone conversation today, and on behalf of the Acetylene Supply Company (ASCO), enclosed please find a completed EPA Form 8700-12 for the ASCO facility located at 1050 State Street, Perth Amboy, NJ.

Upon issuance of the assigned EPA ID Number, it would be greatly appreciated if you could please fax a copy of the assigned ID number for ASCO to my attention at fax # 609-490-9544.

Your assistance in this regard is appreciated. If you have any questions on the enclosed form, please contact me directly at (609) 490-0400.

Very truly yours,
GREENTREE CONSULTING, INC.

Kenneth H. Mueller, Esq., CEI
Director
Environmental Services

c: Mr. W. Goodliffe, President -ASCO w/enclosure

RCRA Site Detail

Report run on: March 31, 2005 - 10:09 AM

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NJD982187536 BROWNING CHEMICAL

EPA Region 02 Extract Flag: X Facility Identifier: County: MIDDLESEX

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

| | | | | |
|------------------|------------------------|--------------------|-----------------------|--------------|
| Universes | Full Enforcement: ---- | Subj CA: | Perm Prgrs: ---- | Op Pmt GPRA: |
| Generator: N | Operating TSDF: ---- | Subj CA TSD 3004: | Perm Wrkld: ---- | PClos GPRA: |
| Transporter: | BOYSNC: | Subj CA TSD Discr: | Clos Wrkld: ---- | CA GPRA: |
| | SNC: | Subj CA Non-TSD: | Pclos Wrkld: ---- | CA HE EI: |
| | Annual BOY Enf: | CA Wrkld: | Controls in Place: No | CA GW EI: |

Activity Location: NJ Source Type: Implementer Seq. Number: 1 Receive Date: 08 JUL 1999

Other/Previous Site Name: BROWNING CHEMICAL

Location 1050 STATE ST
Address: PERTH AMBOY, NJ 08861

Mailing 707 W CHESTER AVE
Address: WHITE PLAINS, NY 10604

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: CENTRAL

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter: No
Transfer Facility: No

Used Oil Fuel Marketer Activity

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Processor and/or
Re-refiner Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Activity Location: NJ Source Type: Notification Seq. Number: 1 Receive Date: 03 JUN 1987

Other/Previous Site Name: BROWNING CHEMICAL

Location 1050 STATE ST
Address: PERTH AMBOY, NJ 08861

Mailing 707 W CHESTER AVE
Address: WHITE PLAINS, NY 10604

Contact Person FRED BROWNING 1050 STATE ST
For Source (914) 686-0300 PERTH AMBOY, NJ 08861
Information

Owner (current) NOT REQUIRED Type: Private
BROWNING CHEMICAL NOT REQUIRED, WY 99999
From: To: Phone: (212) 555-1212

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: CENTRAL

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

RCRA Site Detail

Report run on: March 31, 2005 - 10:09 AM

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NJD982187536 BROWNING CHEMICAL

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Transfer Facility: Unknown

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter Activity: No

TSD Activity: No

Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

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Transfer Facility: No

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Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Used Oil Processor and/or
Re-refiner Activity

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D002

* End of Report *